

Please check action requested Initial License _____ Reinstatement _____ Name Change/Merger _____ Adding Branch _____ Adding Lines _____	STATE OF WASHINGTON FIRM OR CORPORATION INSURANCE LICENSE APPLICATION OFFICE OF INSURANCE COMMISSIONER US Postal Address: P O Box 40257 Olympia, WA 98504-0257 Phone: 360 725-7144 Fax: (360) 586-2019 Physical Address: Insurance 5000 Bldg., 5000 Capitol Blvd. Tumwater, WA 98501
FOR OIC USE ONLY CIC/PIC	DATE PROCESSED

PREMIUM FINANCE COMPANY

① Business Entity Name		② Incorporation/Formation Date (month) ____ (day) ____ (year) ____		③ FEIN -	
④ List name if using an assumed name under which you are doing business		⑤ If Entity is a firm, partnership or using an assumed name, has the name been properly registered with the State of Washington Dept of Licensing (360) 664-1400 Yes <input type="checkbox"/> No <input type="checkbox"/>			
⑥ Business Address		⑦ City		⑧ State	⑨ Zip or Foreign Country
⑩ Phone Number () -	⑪ Fax Number () -	⑫ Business Web Site Address		⑬ Business E-Mail Address	
⑭ Branch Office(s) Address, if applicable		⑮ City		⑯ State	⑰ Zip
⑱ Branch Office(s) Address, if applicable		⑲ City		⑳ State	㉑ Zip

Location of records of State of Washington premium transactions.			
Address	City	State	Zip

List each person authorized to transact business on behalf of the company: <div style="display: flex; justify-content: space-between;"> <u>Name</u> <u>Title</u> </div>	
1. _____ 2. _____ 3. _____ 4. _____	

Background Information	
㉒ Please read the following very carefully and answer every question. All documents must be photocopies or original certified copies. All written statements submitted by the Applicant must include an original signature.	
1. Has the business entity or any owner, partner, officer or director ever been convicted of, or is the business entity or any owner, partner, officer or director currently charged with committing a crime, whether or not adjudication was withheld?	Yes ___ No ___
<p>“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and misdemeanor juvenile offenses. “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.</p> <p>If you answer yes, you must attach to this application:</p> <ul style="list-style-type: none"> a) a written statement explaining the circumstances of each incident, b) a photocopy of the certified charging document, and c) a photocopy of the certified official document which demonstrates the resolution of the charges or any final judgment 	
2. Has the business entity or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license?	Yes ___ No ___

<p>“Involved” means having a license censured, suspended, revoked, canceled, terminated or being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.</p> <p>If you answer yes, you must attach to this application:</p> <ol style="list-style-type: none"> a written statement identifying the type of license and explaining the circumstances of each incident, a photocopy of the certified Notice of Hearing or other document that states the charges and allegations, and a photocopy of the certified official document which demonstrates the resolution of the charges or any final judgment. 	
3. Has any complaints been filed against this entity with any Insurance Department?	Yes ___ No___
<p>If you answer yes, you must attach to this application:</p> <ol style="list-style-type: none"> a written statement identifying explaining the circumstances of each incident. 	
4. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director for overdue monies by an insurer, insured or producer?	Yes ___ No___
If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.	
5. Has the business entity or any owner, partner, officer or director ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?	Yes ___ No___
If you answer yes, identify the jurisdiction(s):	
6. Is the business entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?	Yes ___ No___
<p>If you answer yes, you must attach to this application:</p> <ol style="list-style-type: none"> a written statement summarizing the details of each incident, a photocopy of the certified Petition, Complaint or other document that commenced the lawsuit or arbitration, and a photocopy of the certified official document which demonstrates the resolution of the charges or any final judgment. 	
7. Has the business entity or any owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?	Yes ___ No___
<p>If you answer yes, you must attach to this application:</p> <ol style="list-style-type: none"> a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and certified copies of all relevant documents. 	
<p>23 The undersigned owner, partner, officer or director of the business entity hereby certifies, under penalty of perjury, that:</p> <ol style="list-style-type: none"> All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity to civil or criminal penalties. Where required by law, the business entity hereby designates the Washington Insurance Commissioner to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner is of the same legal force and validity as personal service upon the business entity. The business entity grants permission to the Commissioner or Director of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company. I authorize the jurisdictions to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information. I acknowledge that I understand and comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration. 	

Must be signed by an officer, director, principal or partner of the business entity:

Month Day Year

Signature

Typed or Printed Name

Title

Social Security Number

Address

City State Zip